

**Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings, of claims in the application.

**Listing of Claims:**

1. (Currently amended) A surgical access port for insertion into a body cavity, comprising:  
  
an elongate tubular body extending along an axis between a proximal end and a distal end, the elongate tubular body having a lumen extending between the proximal end and the distal end; and  
  
a tip connected to and disposed at the distal end of the tubular body for penetrating through a body wall and into the body cavity, the tip in a first, penetrating position, blocks the lumen of the elongate body;  
  
wherein the tip ~~moves~~ swings from ~~[[a]]~~ the first, penetrating position to a second, retaining position, the tip swinging away from the elongate body unblocking the lumen of the elongate body, when the body wall has been traversed.
2. (Original) The surgical access port of Claim 1, further comprising a seal housing operably connected to the proximal end of the tubular body, the seal housing having an access port providing an opening into the tubular body to allow passage of surgical instruments.

3. (Original) The surgical access port of Claim 1, wherein the tip is sharp, pointed or bladed.

4. (Original) The surgical access port of Claim 1, wherein the tip is substantially blunt or has a conical surface.

5. (Original) The surgical access port of Claim 1, further comprising a retention member for connecting the tubular body and the tip.

6. (Currently amended) [[The]] A surgical access port of Claim 1 for insertion into a body cavity, comprising:

an elongate tubular body extending along an axis between a proximal end and a distal end; and

a tip disposed at the distal end of the tubular body for penetrating through a body wall and into the body cavity,

wherein the tip moves from a first, penetrating position to a second, retaining position,

wherein the tip is generally conical and repositions to one side of the tubular body in the second, retaining position.

7. (Original) The surgical access port of Claim 1, wherein the tip comprises at least two or more parts or petals that reposition to the side of the tubular body in the second, retaining position.

8. (Original) The surgical access port of Claim 1, wherein the tip repositions to one side of the tubular body when no axial load is present to hold it in axial alignment with the tubular body.

9. (Original) The surgical access port of Claim 6, wherein the repositioned tip remains in an off-axis condition until removal of the access port.

10. (Original) The surgical access port of Claim 6, wherein the repositioned tip remains in a substantially right-angled condition.

11. (Original) The surgical access port of Claim 6, wherein the tip automatically realigns with the axis of the tubular body as the access port is withdrawn from the body wall.

12. (Original) The surgical access port of Claim 1, wherein the tubular body is a thin walled tube sized and configured to allow passage of surgical instruments through the body wall and into the body cavity.

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13. (Original) The surgical access port of Claim 1, wherein the tip comprises a conical, tapered or rounded shape to separate tissue layers and to provide a small fascial defect through which the tubular body can pass.

14. (Original) The surgical access port of Claim 1, wherein the tip is solid or hollow.

15. (Currently amended) The surgical access port of Claim 14, wherein the hollow tip is conical and operates as a specimen bag by closing on a specimen during removal of the access port.

16. (Original) The surgical access port of Claim 1, wherein at least one of the tubular body and tip is formed from an optically clear material.

17. (Original) The surgical access port of Claim 5, wherein the retention member is formed from metal or plastic.

18. (Original) The surgical access port of Claim 5, wherein the retention member operably connects with a sidewall of the tubular body.

19. (Original) The surgical access port of Claim 5, wherein the retention member is biased to hold the tip in an off-axis position when there is no axial load.

20. (Original) The surgical access port of Claim 5, wherein the retention member is lightly held in axial alignment and subsequently deflected in the presence of an instrument within the tubular body.

21. (Original) The surgical access port of Claim 5, wherein the retention member is one of a spring, a spring wire, an offset hinge or a "living" hinge.

22. (Original) The surgical access port of Claim 5, wherein the retention member is formed from a substantially flat ribbon of metal.

23. (Currently amended) [[The]] A surgical access port of Claim 4 for insertion into a body cavity, comprising:

an elongate tubular body extending along an axis between a proximal end and a distal end; and

a tip disposed at the distal end of the tubular body for penetrating through a body wall and into the body cavity,

wherein the tip moves from a first, penetrating position to a second, retaining position when the body wall has been traversed,

wherein the tip is substantially blunt or has a conical surface,

wherein the conical surface has at least one tissue engaging helical raised pattern on the surface.

24. (Original) The surgical access port of Claim 1, wherein the tip has an outer surface extending distally to a blunt point and includes a pair of side sections separated by an intermediate section, and wherein the side sections extend from the blunt point radially outwardly with progressive positions proximally along the axis.

25. (Original) The surgical access port of Claim 4, wherein the conical surface facilitates insertion of the access port with a reduced penetration force and minimizes tenting of the body wall.

26. (Original) The surgical access port of Claim 4, wherein the conical surface facilitates separation of different layers of the body wall and provides proper alignment of the tip between the layers.

27. (Original) The surgical access port of Claim 24, wherein the side sections include a distal portion in proximity to the blunt point and a proximal portion in proximity to the tubular body, and the distal portion of the side sections being twisted radially with respect to the proximal portion of the side sections.

28. (Original) The surgical access port of Claim 4, wherein the conical surface forms into said side sections extending proximally beyond said blunt point.

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Claims 29-35 (Canceled).

36. (New) The surgical access port of claim 1 wherein the tip has a rounded centering portion extending from a proximal end of the tip and into the distal end of the elongate tubular body.

37. (New) The surgical access port of claim 36 wherein a circumference of the rounded centering portion is equal to an inner circumference of the elongate tubular body.

38. (New) The surgical access port of claim 5 wherein the tip has a plurality of proximally facing extensions dimensioned to fit into distally facing slots outlining an outer periphery of the tubular body.

39. (New) The surgical access port of claim 38 wherein the retention member is fitted into the wall of the elongate tubular body and extends into the tip on one side of the tip that opposes the one of the plurality of proximally facing extensions and a remaining plurality of proximally facing extensions positioned therebetween.

40. (New) The surgical access port of claim 1 wherein the tip in the first, penetrating position blocks passage of an opening at the distal end of the elongate

tubular body preventing passage of surgical instruments through the elongate tubular body.

41. (New) The surgical access port of claim 40 wherein the tip in the second, retaining position, unblocks passage of the opening at the distal end of the elongate tubular body allowing passage of surgical instruments through and out the tubular body.

42. (New) The surgical access port of claim 1 wherein the tip is a non-expanding tip.

43. (New) The surgical access port of claim 1 wherein the tip is a non-compressible tip.

44. (New) The surgical access port of claim 1 wherein the tip is a single-piece tip.